



**Campaign Finance Section
Financial Report**

Financial Reports are required to be submitted to the Campaign Finance Section of the Office of the State Election Commissioner by all Candidates, Committees, and Organizations. Late or incomplete reports are subject to fines levied by the Commissioner's Office, so please be sure to check all applicable deadlines and file on time. Add extra sheets if necessary.

Full Organization Name: Taxpayers for Poliquin

Account Number: ***** Date of this Report: 08/15/2010

Reporting Period Start: 01/01/2010 Reporting Period End: 08/15/2010

Office: State House Of Representatives - District 31

Check the box that applies to this report:

Primary Election	<u>8-DAY</u>	<u>X</u> 30-DAY
General Election	<u>8-DAY</u>	<u>30-DAY</u>
Other Election	<u>8-DAY</u>	<u>30-DAY</u>
Special Election	<u>8-DAY</u>	<u>30-DAY</u>
	<u>YEAR END</u>	

Final Organization Closing:	<u>YES</u>	<u>X</u> NO	Closing Date:	<u></u>
Amendment:	<u>YES</u>	<u>X</u> NO		

I authorize that all information included in this Financial Report package is accurate and correct. I agree to abide by all rules and regulations regarding Campaign Finance and the election process in the State of Delaware. I understand that representatives from the Office of the State Election Commissioner will perform an audit of all information provided on this report.

TREASURER SIGNATURE _____ DATE _____

CANDIDATE SIGNATURE _____ DATE _____



STATEMENT OF ACCOUNT BALANCE

Account Number:	*****	Reporting Period:	01/01/2010 FROM	08/15/2010 TO
1. BEGINNING BALANCE (Ending Balance from last reporting period)				\$15,928.70
2. RECEIPTS:				
A. SCHEDULE A - TOTAL RECEIPTS				\$4,138.10
B. SCHEDULE C-1 - TOTAL IN-KIND RECEIPTS				\$0.00
C. SCHEDULE D-1 - TOTAL LOANS RECEIVED				\$113.41
D. SCHEDULE E - TOTAL EXPENSE REIMBURSEMENTS RECEIVED				\$0.00
E. SUBTOTAL (Total of A,B,C,D)				\$4,251.51
3. EXPENDITURES:				
F. SCHEDULE B - TOTAL EXPENDITURES				\$11,515.18
G. SCHEDULE C-2 - TOTAL IN-KIND EXPENDITURES				\$7.20
H. SCHEDULE D-2 - TOTAL LOAN PAYMENTS				\$484.72
I. SCHEDULE E - TOTAL EXPENSE REIMBURSEMENTS PAID				\$0.00
J. SUBTOTAL (Total of F,G,H,I)				\$12,007.10
4. ENDING BALANCE (Beginning Balance plus 2E minus 3J)				\$8,173.11
5. VALUE OF NON-CASH ASSETS (From Schedule F)				\$88.00
6. VALUE OF DISPOSED/TRANSFERRED ASSETS (From Schedule G)				\$0.00
7. VALUE OF LOANS AT END OF PERIOD (Loan Balance From Schedule D-2)				\$5,000.00
8. CLOSE OUT BALANCE (Must equal zero if committee closed)				\$13,261.11



SCHEDULE A - TOTAL RECEIPTS

Account Number: ***** Reporting Period: 01/01/2010 08/15/2010
FROM TO

Itemize all receipts over \$100 for the reporting period. Receipts from sales of items must be itemized if they are over \$50. NOTE: If you receive funds from the same person or organization several times during the reporting period, each item must be listed if the **aggregate** amount is over \$100, even if the individual amounts are not.

RECEIPTS IN EXCESS OF \$100:

Date Received	Contributor Name	Contributor Mailing Address	Aggregate Amount	Amount Received
01/07/2010	Razzi, Glory	2200 Riviera Ln Wilmington, DE 19810	\$0.00	\$100.00
01/13/2010	Rambo, Elizabeth	2200 Riviera Ln, Wilmington, DE 19810	\$0.00	\$300.00
01/13/2010	Shultz, Kevin E	575 Third St 6F Brooklyn, NY 11215	\$0.00	\$125.00
01/29/2010	Poliquin, Donald	206 Knotty Oak Dr, Mt Laurel, NJ 08054	\$0.00	\$100.00
03/29/2010	Poliquin, Lee	206 Knotty Oak Dr, Mt Laurel, NJ 08054	\$0.00	\$100.00
04/12/2010	Shields, William D	2652 Grubb Rd, Wilmington, DE 19810	\$0.00	\$62.50
04/12/2010	Shields, Kathleen B	2652 Grubb Rd, Wilmington, DE 19810	\$0.00	\$62.50
04/15/2010	Razzi, Glory	2200 Riviera Ln, Wilmington, DE 19810	\$130.00	\$30.00
05/29/2010	Konieczka, Joseph	238 Cathleen Dr, Smyrna, DE 19977	\$0.00	\$100.00
05/31/2010	Downs, Robert J	PO Box 504, Rehoboth Beach, DE 19971	\$0.00	\$100.00
05/31/2010	Downs, William C	PO Box 504, Rehoboth Beach, DE 19971	\$0.00	\$100.00
05/31/2010	Garey, John R	48 The Green, Dover, De 19901	\$0.00	\$300.00
05/31/2010	Hudson, Wayne D	PO Box 123 Milton, DE 19968	\$0.00	\$300.00
06/28/2010	Matassino, Michael	1907 W 16th St, Wilmington, DE 19806	\$0.00	\$75.00
08/07/2010	Keil, Steven	4910 Sunset Ln, Annadale, VA 22003	\$0.00	\$300.00

08/12/2010	David Boothe	450 Kings Hwy, Dover, DE 19901	\$0.00	\$250.00
TOTAL RECEIPTS IN EXCESS OF \$100				\$2,405.00
TOTAL RECEIPTS NOT IN EXCESS OF \$100				\$1,733.10
GRAND TOTAL RECEIPTS (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2A)				\$4,138.10



SCHEDULE B - TOTAL EXPENDITURES

Account Number: ***** Reporting Period: 01/01/2010 08/15/2010
FROM TO

Itemize all expenditures over \$100 for the reporting period. All expenditures to Political Committees must be itemized, regardless of the amount. NOTE: IF you expend funds to the same person or organization several times during the reporting period, each item must be listed if the **aggregate** amount is over \$100, even if the individual amounts are not.

EXPENDITURES IN EXCESS OF \$100:

Date Expended	Payee Name	Payee Mailing Address	Aggregate Amount	Amount Expended
01/29/2010	Tech-Savvy Consulting Inc.	PO Box 7556, Wilmington, DE 19803	\$0.00	\$72.87
02/10/2010	USPS	55 The Plaza, Dover, DE 19901	\$0.00	\$113.41
03/23/2010	JD Sign Co.	515 Smith Ave, Harrington, DE 19952	\$0.00	\$600.00
03/23/2010	USPS	55 The Plaza, Dover, DE 19901	\$175.01	\$61.60
04/21/2010	Campaign Pros.com	3105 18th Ave, Rock Isl, IL 61201	\$0.00	\$469.09
04/30/2010	Balloons Tomorrow	3590 Utah Ave NE, Iowa City, IA 52240	\$0.00	\$397.00
05/29/2010	Diocesan Publications Ltd.	PO Box 430, New Cumberland, PA 17070	\$0.00	\$362.00
05/29/2010	JD Sign Co.	515 Smith Ave, Harrington, DE 19952	\$1,656.00	\$1,056.00
05/31/2010	Tech-Savvy Consulting Inc.	PO Box 7556, Wilmington, DE 19803	\$102.87	\$30.00
07/06/2010	Vista-Print	95 Hayden Ave, Lexington MA 02421	\$0.00	\$446.56
07/09/2010	Kent County GOP	c/o JE Foltz Jr, 1193 Dinah's Cnr Rd, Dover, DE 19904	\$0.00	\$834.00
08/12/2010	CSG Inc	333 Burr Rd, San Antonio, TX 78209	\$0.00	\$6,965.00
TOTAL EXPENDITURES IN EXCESS OF \$100				\$11,407.53
TOTAL EXPENDITURES NOT IN EXCESS OF \$100				\$107.65
GRAND TOTAL EXPENDITURES (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3F)				\$11,515.18



SCHEDULE C-1 - TOTAL IN-KIND RECEIPTS

Account Number: *****

Reporting Period:

01/01/2010

FROM

08/15/2010

TO

Itemize all goods and services contributed at no charge or less than fair market value in excess of \$100 for the reporting period. NOTE: If you receive in-kind contributions from the same person or organization several times during the reporting period, each item must be listed if the **aggregate** amount is over \$100, even if the individual amounts are not.

IN-KIND CONTRIBUTIONS IN EXCESS OF \$100:

(NOTE: ESTIMATED VALUE RECEIVED IS FAIR MARKET VALUE LESS ANY PAYMENTS YOU MADE FOR THE GOODS OR SERVICES)

Date Received	Contributor Name	Contributor Mailing Address	Description of Contribution	Est. Amount Received
TOTAL CONTRIBUTIONS IN EXCESS OF \$100				
TOTAL CONTRIBUTIONS NOT IN EXCESS OF \$100				
GRAND TOTAL RECEIPTS				
(TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2B)				



SCHEDULE C-2 - TOTAL IN-KIND EXPENDITURES

Account Number: ***** Reporting Period: 01/01/2010 08/15/2010
FROM TO

Itemize all goods and services expended at no charge or less than fair market value in excess of \$100 for the reporting period. NOTE: If you pay in-kind expenditures to the same person or organization several times during the reporting period, each item must be listed if the **aggregate** amount is over \$100, even if the individual amounts are not.

IN-KIND EXPENDITURES IN EXCESS OF \$100:

(NOTE: ESTIMATED VALUE EXPENDED IS FAIR MARKET VALUE LESS ANY PAYMENTS YOU RECEIVED FOR THE GOODS OR SERVICES)

Date Expended	Payee Name	Payee Mailing Address	Description of Expenditure	Est. Amount Expended
08/07/2010	Taxpayers for Poliquin	18 S State St, Dover, DE 19901	partial use of stamps & checks rcvd as in-kind in prior period	\$7.20
TOTAL EXPENDITURES IN EXCESS OF \$100				\$7.20
TOTAL EXPENDITURES NOT IN EXCESS OF \$100				\$0.00
GRAND TOTAL EXPENDITURES (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3G)				\$7.20



SCHEDULE D-1 - LOANS RECEIVED

Account Number: ***** Reporting Period: 01/01/2010 08/15/2010
FROM TO

All loans in excess of \$50 **RECEIVED DURING THIS REPORTING PERIOD** should be itemized on this schedule. NOTE: These loans must also be listed on Schedule D-2.

LOANS RECEIVED IN EXCESS OF \$50:

Date Received	Lender	Endorser	Description of Security	Int. Rate	Amount Received
02/10/2010	Ronald G Poliquin 224 Meadow Dr, Dover, DE 19904		Unsecured	0.00%	\$113.41
TOTAL LOANS RECEIVED (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2C)					\$113.41



SCHEDULE D-2 - LOANS

Account Number: ***** Reporting Period: 01/01/2010 08/15/2010
 FROM TO

All outstanding loans in excess of \$50 must be listed. This includes loans from Lending Institutions, Candidates Personal Funds and Other Contributors.

LOANS IN EXCESS OF \$50:

Date Rec'd	Lender	Endorser	Description	I n t Rate	Orig. Loan Amt	Payments Made	Balance
07/21/2009	Ronald G Poliquin 224 Meadow Dr, Dover, DE 19904		Unsecured	0.00%	\$10.00	\$10.00	\$0.00
12/29/2009	Ronald G Poliquin 224 Meadow Dr, Dover, DE 19901		Unsecured	0.00%	\$5,000.00	\$0.00	\$5,000.00
07/27/2009	Ronald G Poliquin 224 Meadow Dr, Dover, DE 19901		Unsecured	0.00%	\$227.95	\$227.95	\$0.00
09/08/2009	Ronald G Poliquin 224 Meadow Dr, Dover, DE 19901		Unsecured	0.00%	\$70.00	\$70.00	\$0.00
11/06/2009	Ronald G Poliquin 224 Meadow Dr, Dover, DE 19901		Unsecured	0.00%	\$63.36	\$63.36	\$0.00
02/10/2010	Ronald G Poliquin 224 Meadow Dr, Dover, DE 19901		Unsecured	0.00%	\$113.41	\$113.41	\$0.00
TOTAL LOANS (TOTAL PAYMENTS MADE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCT BALANCE, ITEM 3H. TOTAL LOAN BALANCE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCT BALANCE, ITEM 7.)					\$5,484.72	\$484.72	\$5,000.00



SCHEDULE E - EXPENSE REIMBURSEMENTS

Account Number: ***** Reporting Period: 01/01/2010 08/15/2010
FROM TO

All expense reimbursements received by you and paid by you must be itemized.

REIMBURSEMENTS RECEIVED (Monies paid to you as reimbursements for expenses you incurred.)

Date Received	Reimburer	Description of Activity	Activity Date	Total Expense	Reimbursement
TOTAL REIMBURSEMENTS RECEIVED (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2D.)					

REIMBURSEMENTS PAID (Monies paid by you to reimburse others for expenses they incurred.)

Date Paid	Payee	Description of Activity	Activity Date	Total Expense	Reimbursement
TOTAL REIMBURSEMENTS PAID (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3I.)					



SCHEDULE F - NON-CASH ASSETS

Account Number: ***** Reporting Period: 01/01/2010 08/15/2010
FROM TO

Itemize all non-cash assets owned by the organization including those paid for by the organization, lent to the organization and contributed to the organization.

LIST ALL NON-CASH ASSETS

Date Received	Description of Asset	Location of Asset (Physical Address)	Value of Asset
11/16/2009	Stamps	18 S State St, Dover, DE 19901	\$33.00
07/20/2009	Checks/dep slips, ink stamp	18 S State St, Dover, DE 19901	\$55.00
TOTAL ASSET VALUE (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 5.)			\$88.00



SCHEDULE G - ELIMINATION OF ASSETS

Account Number: *****

Reporting Period: 01/01/2010
FROM

08/15/2010
TO

Itemize all non-cash assets disposed of, transferred or sold by the organization during the reporting period.

LIST ALL ELIMINATED ASSETS

Date Eliminated	Description of Asset	Disposition of Asset	Value Received
TOTAL ASSETS ELIMINATED (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 6.)			